

City of Dacula

Sign Permit Application

	Date:
Applicant:	Phone:
Business Address:	
Address of Sign:	
Contact Person:	
Phone:	Email:
Name of Contractor:	Phone:
Address:	Business Lic. No.:
Type of Request (please circle one): Wall Sign	n Ground Sign
Building Sq. Ft: Sign Dimension	ns: Sign Sq. Ft <u>:</u>
Ground Sign Only:	
Setback:	Height:
-	E 3
Tax Parcel:	Zoning District:
The applicant must submit one (1) copy of this ap	oplication and one (1) copy of the following:
	will be located which shows where thereon the sign will perty line and the paved street. (GROUND sign only)
A drawing to scale of the sign showing the sign.	he height of the sign and the structural supports of the
 A copy of an agreement signed by the proon the subject property. 	operty owner, which allows the applicant to erect a sign
(The City has thirty (30) days to rev	iew the application for approval or denial)
Administrative Use Only:	
PERMIT:APPROVEDDENIED	Permit Number:
Signature:	Date:
(Reviewer)	